BLOCK PARTY REQUEST FORM

FIRST NAME	LAST NAME
HOME ADDRESS	
LOCATION OF PARTY, WHICH STREET OR STREETS YOU ARE LOOKING TO BLOCK OFF	
WHAT WILL BE USED TO BLOCK OF	FF STREET
DATE OF EVENT	
TIME OF EVENT	
WILL ALCOHOL BE CONSUMED	
REASON FOR PARTY	
WILL THERE BE MUSIC	
IS THAT MUSIC LIVE ENTERTAINM	ENT AND IF SO WHAT TYPE , DJ, LIVE BAND
CONACT PERSON	
HOME PHONE	
CELL PHONE	
EMAIL ADDRESS	
SIGNATURE OF APPLICANT	

^{**}The Town does not put up or take down the removable barriers. The applicant is responsible for this. All barriers must be easily removed for Emergency Vehicles. Please submit this application to the Board of Selectmen's office not less than (30) days prior to the event.